

SECTION 1915(c) WAIVER FORMAT

APPENDIX C-Eligibility and Post-Eligibility

Appendix C-1--Eligibility

MEDICAID ELIGIBILITY GROUPS SERVED

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan.
(Check all that apply.)

1. ____ Low income families with children as described in section 1931 of the Social Security Act.
2. X SSI recipients (SSI Criteria States and 1634 States).
3. ____ Aged, blind or disabled in 209(b) States who are eligible under § 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).
4. X Optional State supplement recipients
5. ____ Optional categorically needy aged and disabled who have income at (Check one):
 - a. ____ 100% of the Federal poverty level (FPL)
 - b. ____ % Percent of FPL which is lower than 100%.

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- 6.____ The special home and community-based waiver group under 42 CFR 435.217
(Individuals who would be eligible for Medicaid if they were in an institution, who
have been determined to need home and community-based services in order to remain
in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home
and community-based waiver group at 42 CFR 435.217.

____ A. Yes ____B. No

In very rare circumstances, this would apply.

Check one:

a.____ The waiver covers all individuals who would be eligible for Medicaid if
they were in a medical institution and who need home and community-
based services in order to remain in the community; or

b.____ Only the following groups of individuals who would be eligible for
Medicaid if they were in a medical institution and who need home and
community-based services in order to remain in the community are
included in this waiver: (check all that apply):

(1)____ A special income level equal to:

____ 300% of the SSI Federal benefit (FBR)

____% of FBR, which is lower than 300% (42 CFR 435.236)

\$____ which is lower than 300%

(2)____ Aged, blind and disabled who meet requirements that are
more restrictive than those of the SSI program. (42 CFR 435.121)

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(3)___ Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4)___ Medically needy without spenddown in 209(b) States.
(42 CFR 435.330)

(5)___ Aged and disabled who have income at:

a. ___ 100% of the FPL

b. ___% which is lower than 100%.

(6)___ Other (Include statutory reference only to reflect additional groups included under the State plan.)

7. X Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. X Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)

Persons in the Disabled Adult Child category- 42. U.S.C. 1383c (c)

All other mandatory and optional groups under the state plan if the applicant meets the targeting criteria (at least age 18 and meets the state definition of developmental disability according to MCA 53-20-202(3))

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Appendix C-2--Post-Eligibility

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under §435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (§435.217). For individuals whose eligibility is not determined under the spousal rules (§1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR §435.726 and §435.735 just as it does for other individuals found eligible under §435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under §1924.

REGULAR POST-ELIGIBILITY RULES--§435.726 and §435.735

- o The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.
- o If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.
 - o If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

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- o If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--§1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of §1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The §1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in §1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as \$30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The \$30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the §1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual's maintenance needs in the community.

STATE:_____

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DATE:_____

POST ELIGIBILITY

REGULAR POST ELIGIBILITY

1.____ **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. § 435.726--States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A.____ The following standard included under the State plan (check one):

(1)____ SSI

(2)____ Medically needy

(3)____ The special income level for the institutionalized

(4)____ The following percent of the Federal poverty level):____%

(5)____ Other (specify):

B.____ The following dollar amount:

\$____*

* If this amount changes, this item will be revised.

C.____ The following formula is used to determine the needs allowance:

Note: If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

STATE:_____

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DATE:_____

2. spouse only (check one):

A. ☐ SSI standard

B. ☐ Optional State supplement standard

C. ☐ Medically needy income standard

D. ☐ The following dollar amount:
\$ _____*

* If this amount changes, this item will be revised.

E. ☐ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

F. ☐ The amount is determined using the following formula:

G. ☐ Not applicable (N/A)

3. Family (check one):

A. ☐ AFDC need standard

B. ☐ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C. ☐ The following dollar amount:
\$ _____*

*If this amount changes, this item will be revised.

STATE: _____

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DATE: _____

D.____ The following percentage of the following standard that is not greater than the standards above: %____ of ____ standard.

E.____ The amount is determined using the following formula:

F.____ Other

G.____ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

STATE:_____

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DATE:_____

POST-ELIGIBILITY

REGULAR POST ELIGIBILITY

1.(b)___**209(b) State, a State that is using more restrictive eligibility requirements than SSI.** The State is using the post-eligibility rules at 42 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A. ___ The following standard included under the State plan
(check one):

(1)___ SSI

(2)___ Medically needy

(3)___ The special income
level for the institutionalized

(4)___ The following percentage of
the Federal poverty level:___%

(5)___ Other (specify):

B. ___ The following dollar amount:
\$ ___*

* If this amount changes, this item will be revised.

C. ___ The following formula is used to determine the amount:

STATE:_____

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DATE:_____

Note: If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under §435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A.____ The following standard under 42 CFR 435.121: _____

B.____ The medically needy income
standard _____;

C.____ The following dollar amount:
\$ _____*

* If this amount changes, this item will be
revised.

D.____ The following percentage of the following standard that is
not greater than the standards above: _____% of _____

E.____ The following formula is used to determine the amount:

F.____ Not applicable (N/A)

3. family (check one):

A.____ AFDC need standard

B.____ Medically needy income
standard

The amount specified below cannot exceed the higher of
the need standard for a family of the same size used to
determine eligibility under the State's approved AFDC plan
or the medically income standard established under
435.811 for a family of the same size.

C.____ The following dollar amount:
\$ _____*

STATE: _____

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DATE: _____

* If this amount changes, this item will be revised.

D.____ The following percentage of the following standard that is not greater than the standards above: ____% of ____ standard.

E.____ The following formula is used to determine the amount:

F.____ Other

G.____ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

STATE:_____

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DATE:_____

POST ELIGIBILITY

SPOUSAL POST ELIGIBILITY

2.____ The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:
(check one)

(a)____ SSI Standard

(b)____ Medically Needy Standard

(c)____ The special income level for the institutionalized

(d)____ The following percent of the Federal poverty level:
____%

(e)____ The following dollar amount
\$ ____**

**If this amount changes, this item will be revised.

(f)____ The following formula is used to determine the needs allowance:

(g)____ Other (specify):

STATE:_____

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DATE:_____

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.
